

**TOWNSEND and TOWNSEND and CREW LLP**  
Two Embarcadero Center, 8<sup>th</sup> Floor  
San Francisco, California 94111-3834  
(415) 576-0200

In re application of: Donald F. Gordon et al.

Application No.: 09/454,216

Filed: December 9, 1999

Group Art Unit: 2711

For: PICTURE-IN-PICTURE AND MULTIPLE VIDEO  
STREAMS USING SLICE-BASED ENCODING

**THE ASSISTANT COMMISSIONER FOR PATENTS**  
Washington, D.C. 20231

Amendment

Attorney Docket No. 19880-000700

Client Ref No. 245-CIP1

Date: December 09, 2000

I hereby certify that this is being deposited with the United States  
Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents  
Washington, D.C. 20231

Signed: Anna M. Crompton



Sir:

Transmitted herewith is an preliminary amendment in the above-identified application.

- ☐ Enclosed is a petition to extend time to respond.  
☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.  
☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.  
☒ Postcard

If any extension of time is needed, then this response should be considered a petition therefor.  
The filing fee has been calculated as shown below:

**RECEIVED**

**DEC 19 2000**

(Col. 1)

(Col. 2)

(Col. 3)

SMALL ENTITY

Technology Center 2600  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 37	MINUS	** 20	= 17
INDEP.	* 4	MINUS	*** 3	= 1
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

RATE	ADDIT. FEE
x \$9.00 =	\$153.00
x \$40.00 =	\$40.00
+ \$135.00 =	
TOTAL ADDIT. FEE	\$193.00

OR

RATE	ADDIT. FEE
x \$18.00 =	
x \$80.00 =	
+ \$270.00 =	
TOTAL	

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

☒ Claims fee \$ 193.00  
☒ Any additional fees associated with this paper or during the pendency of this application.

2 extra copies of this sheet are enclosed.

Customer No. 20350

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